



United States Department of the Interior

BUREAU OF INDIAN EDUCATION

Deputy Director School Operations
1011 Indian School Road NW, Suite 332
Albuquerque, New Mexico 87104



January 21, 2011

Memorandum

To: Education Line Officers
School Principals
Business Specialists/Technicians

From: Deputy Director, School Operations 

Subject: Policy and Approval Procedures – Amendment

This amends the Stipend Policy and Approval Procedures memo dated June 01, 2009 from the Deputy Director, School Operations. The Associate Deputy Director's signature will no longer be required in the process; all other processes remain unchanged. A revised form dated January 2011 is attached for immediate use.

If you have any questions please contact Kay Hayes, Human Resources Officer at (505)563-5300 or your respective Associate Deputy Director.

STIPEND REQUEST FORM

Department of the Interior
Bureau of Indian Education

Employee Name: _____ Employee SS#: _____

Organization Code: _____ Sub-Bureau: _____

STIPEND PAYMENT ELECTION

Bureau employees may elect to receive a stipend in lieu of overtime for sponsoring extracurricular activities at BIA-operated schools. If a stipend is chosen, it may be paid biweekly during the period the activity is conducted or in one sum, the pay period following the completion of the activity. The election may not be changed during the school year.

Type of extracurricular activity: _____

Start Date: _____ Ending Date: _____

Total amount of Stipend: _____ Accounting Code: _____

Payment option for stipends (Check one)

_____ Biweekly Payment is to be prorated over the length of the activity

_____ Lump Sum paid the first pay period after the ending date of the activity
(pay period #). _____

I certify the following and is on file at the school:

Notice of Availability for position posted: From _____ To _____

School Board Meeting Minutes dated: _____

Completed Survey of Schools dated: _____

1. _____
Employee Signature _____ Date _____

3. _____
Education Line Officer _____ Date _____

2. _____
Principal _____ Date _____

Reviewed by _____ Date: _____
Human Resources Specialist